THE CITY OF SEDONA



DEPUTY CITY CLERK

SUPPLEMENTAL QUESTIONNAIRE

INSTRUCTIONS

Once completed the questionnaire may be emailed, faxed or mailed, however the original signature page must be mailed back to Human Resources prior to the deadline to complete your application package. Mail materials to Victoria L. Ward, Director of Human Resources, City of Sedona- 102 Roadrunner Drive, Sedona, Arizona 86336. **Deadline is January 26 2007.**

Other materials that *must* be included with your application package include:

- Two (2) copies of your resume with a signed cover letter
- The supplemental questionnaire that follows
- Copies of your college diploma(s) and official transcripts if applicable
- A copy of your professional license(s)
- · A list of five professional references not employed by or related to you
- A completed City of Sedona employment application (applications may be downloaded by visiting the Human Resources area of our web site @ www.SedonaAZ.gov

The City of Sedona Deputy City Clerk SUPPLEMENTAL QUESTIONNAIRE

Personal Information:						
Name						
First Middle	Last Social Security Number					
Address						
Street City State	Zip					
·						
Current Position Held						
Title Date	es: From-To Employer name and address					
Contact Information:	References not employed by or related to you					
-						
Home phone: Area code Phone number	1. Name Phone number					
()	2. Name Phone number					
Cell phone: Area code Phone number	2. France					
Business phone Area code Phone number	3. Name Phone number					
Email Home	4. Name Phone number					
	4. Name I none number					
Email Work						
	5. Name Phone number					
The City of Sedona appreciates an honest self-evaluation of your experience as it relates to the following activities. Legend: E=Extensive (> 5 yrs) L=Limited (<1 yr C=Considerable (2-5 yrs) N=None						
Records Management Transcription and record ket Election Laws & Procedures Agenda Packet Prep and Distr Budgeting	eping Intergovernmental Relations Commission/Council Relations Sales and Use Tax Transcription software Finance and Purchasing Request Goal Setting and Self Evaluation					
Provide a list of Professional Organizations, Affiliations or Associations of which you are presently or were previously a member.	professional trade publications to which you currently subscribe.					

	lowing questions may be answered on a separate page and attached. The responses should be typed and numbered, however it is not ry to retype the question.
1.	Describe your methods of project management? Please include tools that you use to ensure coordination and continuity of projects in order to avoid missed deadlines or unsuccessful completion of projects?
2.	Prepare a schedule and a task list to coordinate a local election of a public official. Discuss your experience managing an election of this nature in the past. What percentage of time did you personally devote to managing each task? Which tasks did you delegate and were any of the tasks completed by other personnel?
3.	Describe the environments where you have worked in terms of size, growth, government, economies, housing, industry and business. Which type of environment have you found it the most difficult to work in and why?
4.	What do you consider to be your strengths and weaknesses? Please give examples of each.
5.	Describe the most difficult working relationship you have ever had. What was your role and what steps did you take to eliminate the problem?
6.	Why are you considering leaving your present position and why do you want to work for the City of Sedona?
7.	Describe your experience with records management. List courses, seminars and training you have taken to help you maintain expertise in this field.

Employment History Form

Please provide a COMPLETE and ACCURATE employment history. Copy this page if you need additional space.

Start with the present or most recent employer, then list previous jobs in consecutive order.

Please answer all questions. If not applicable please insert N/A.

Name of Company (agency or govt.):								
Address of Company:								
Annual Salary Street			City		State		Zip Code	
Job Title:		Reason for Leaving: Salary on departure:						
To whom do you report (name and title): Employed From			(mm/yy) to (mm/yy)			Total size of the Organization:		
Description of departments and number of staff you supervised if any:								
Name of Company (agency or govt.):								
Address of Company:								
Annual Salary Str	eet		City	State			Zip Code	
Job Title:		Reason for Leaving	g:	Salary on departure:				
To whom do you report (name and ti	tle):	Employed From	(mm/yy) to	(mm/yy)		Total size of	Total size of the Organization:	
Description of departments and number of staff you supervised if any:								
Name of Company (agency or govt.):								
Address of Company:								
Annual Salary Str	eet	City			State		Zip Code	
Job Title:		Reason for Leaving: Salary on departure:		ıre:	e:			
To whom do you report (name and tit	tle):	Employed From	(mm/yy) to	(mm/yy)		Total size of	the Organization:	
Description of departments and number of staff you supervised if any:								
Name of Company:								
Address of Company:								
Annual Salary Str	eet		City		State		Zip Code	

Job Title:	Reason for Leaving:		Salary on departure:					
To whom do you report (name and title):	Employed From	(mm/yy) to	(mm/yy)	Total size of the Organization:		the Organization:		
Description of departments and number of staff you supervise	sed if any:							
Description of departments and number of staff you supervised it any.								
Name of Company (agency or govt.):								
Address of Company:								
Annual Salary Street	City		State		Zip Code			
Job Title:	Reason for Leaving: Salary on departure:							
To whom do you report (name and title):	Employed From	(mm/yy) to	(mm/yy)		Total size of the Organization:			
						_		
Description of departments and number of staff you supervised if any:								
I certify that the information on this supplemental questionnaire is true and complete to the best of my knowledge.								
Date_	Cionatamo	of Attlicant						
<i>Du</i> u	Signature	of Applicant _						

Thank you for your interest and the time you took to provide this information. The selection committee will review all resumes and questionnaires. Following a review, you will be contacted if a personal interview is to be scheduled. We will make every effort to schedule your interview at a convenient time as possible to allow you to make travel plans if necessary. We are pleased that you have considered our wonderful city as a career choice.

Thank you,

Victoria L. Ward

Director, Human Resources